To the Insurance Commissioner/Director/Superintendent of the State of:

(Check the appropriate states in which the Applicant Company is applying.)

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<thead>
<tr>
<th>Alabama</th>
<th>Montana</th>
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<td>Colorado</td>
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<td>District of Columbia</td>
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<tr>
<td>Missouri</td>
<td>Wyoming</td>
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</tbody>
</table>

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The Applicant Company should mark all changes being filed on the application form and submit all items required for those changes in one package.

(Choose the type of transaction for which the Applicant Company is applying.)

- Add Lines of Business: The undersigned Applicant Company hereby certifies that the lines of insurance as indicated on the Lines of Insurance Form 3 are all lines of business that (a) the Applicant Company is currently authorized to transact, (b) are currently transacted, and (c) which the Applicant Company is applying to transact.

- Name Change
- Delete Lines of Business
- Redomestication of a Foreign Insurer
- Change of city of domicile within domestic state/mailing address
- Change of Address/Contact Notification
- Merger of Two or More Foreign Insurers
- Pre-notification of Change of Control of Foreign Insurer
- Notification of Change of Control of Foreign Insurer
- Amended Articles of Incorporation
- Amended Bylaws
Applicant Company Name: _____________________________    NAIC No.______________________

FEIN: ____________________________________________

Previous Name of Applicant Company: _____________________________    NAIC No.______________________

Previous Group Name: ___________________________________________    Group Code: __________________

New Name of Applicant Company: _____________________________    NAIC No.______________________

New Group Name: _____________________________    Group Code: __________________

Effective Date of Redomestication: _____________________________    Previous State: _____________     New State: _____________

Effective Date of Name Change: _____________________________    Effective Date of Merger: ____________________________

Effective Date of Change of City within the State of Domicile: ____________________________

Effective Date of Change of Control of Foreign Insurer: _____________________________    Group Code: Previous_________ New_______

Previous Home Office Address: ____________________________________________

New Home Office Address: ____________________________________________

Previous Administrative Office Address: ____________________________________________

New Administrative Office Address: ____________________________________________

Previous Mailing Address: ____________________________________________

New Mailing Address: ____________________________________________

Previous Phone: _____________________________    Fax: _____________________________

New Phone: _____________________________    Fax: _____________________________

Has the Applicant Company’s designee to appoint and remove agents changed as a result of this corporate amendment?

Yes [ ]  No [ ]

If yes, please note the new designee (name natural persons only): ____________________________

If a merger of two or more foreign insurers:

Current Name of Surviving Applicant Company: _____________________________    NAIC No.: _______    Group Code: _______

Proposed New Name of Surviving Applicant Company: _____________________________    NAIC No.: _______    Group Code: _______

Name of Non-Surviving Insurer: _____________________________    NAIC No.: _______    Group Code: _______

Name of Surviving Insurer: _____________________________    NAIC No.: _______    Group Code: _______
Applicant Company Name: _____________________________  NAIC No. _____________________________
FEIN: _____________________________

Surviving Applicant Company’s Home Office Address: __________________________________________

Surviving Applicant Company’s Administrative Office Address: ________________________________

Surviving Applicant Company’s Mailing Address: ____________________________________________

Surviving Applicant Company’s Telephone: _____________________________ Fax: ______________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?

   Yes   No

If not, indicate why: ________________________________________________________________

If this application represents a name change, did the Applicant Company experience a merger or an owner change prior to the name change?

   Yes   No

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Date of Last Market Conduct Examination: ________________________________________________

Has the Applicant Company had an application for these lines of business refused by this or any other state prior to the date of this application?

   Yes   No

If yes, give full explanation in an attached letter.

The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized to represent the Applicant Company before the department.

Name: ________________________________________________________________________________

Title: _______________________________________________________________________________

Mailing Address: _______________________________________________________________________

E-Mail Address: _____________________________ Phone: _____________________________ Fax: ______________________

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, which are pending before the Department:

_____________________________________________________________________________________

_____________________________________________________________________________________

A Certificate of Compliance from the Applicant Company's state of domicile (for foreign applicants) and the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)
Applicant Company Name: _____________________________  NAIC No. ____________________________
FEIN: ____________________________

Applicant Company Officers’ Certification and Attestation

One of the three officers (listed below) of the Applicant Company must read the following very carefully before signing:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

3. I acknowledge that I am the __________________ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at ____________________.

_________________________       ____________________________
Date     Signature of President

_________________________
Full Legal Name of President

_________________________       ____________________________
Date     Signature of Secretary

_________________________
Full Legal Name of Secretary

_________________________       ____________________________
Date     Signature of Treasurer

_________________________
Full Legal Name of Treasurer

Name of Applicant Company

_________________________       ____________________________
Date     Signature of Witness

_________________________
Full Legal Name of Witness